

## COUNTY OF YORK APPLICATION FOR STARTING A NEW BUSINESS

Commissioner of the Revenue \* Zoning & Code Enforcement \* Building Regulations \* Fire & Rescue (757) 890-3383 (757) 890-3524 (757) 890-3522 (757) 890-3600

Type of Ownership: Applicant/Owner: (BASED ON OWNERSHIP)	☐ Individua		Partnersh	nip [	Corporation	
Trade Name:						
Mailing Address:	Suite No. Street No./1		Name	P. O. Box		
-	City		State		Zip Code	
Business Address:	Street Number	Unit		Street Name	ie	
Business Location:	☐ Home	☐ Existing C	Commercial Bldg.	☐ New Building	g Untside Contractor	
Location Name:	SUBDIVISION Federal 1		E BLDG. *	SHOPPING CENTER  State I.D. #	* INDUSTRIAL PARK	_
Date Business Establish In <b>York County</b>	ed:	SI	C Code:	Map No		
Local Business Phor	ne: ( )		*	Corp./Main Offi	ice Phone: ( )	
Local Contact Person: _				Title:	Ext	_
Corp. Contact Person: _				Title:	Ext	_
Detailed Description of	ALL Proposed	Business Acti	vities:			
	ach list or use th	he back of this	Applicant/Owne application to id	rship Information entify the Owner, Par	TER, RETAIL-GROCERY STORE  theres or Officers of the above Company.  SSN	
Home Address:					Home Phone	
NAME					SSN	
Home Address:					Home Phone	
			TAY ACC	ESSMENT		
ESTIMATED GROSS RECEII	PTS	FEE	TAX	FLAT FEES	TOTAL DUE	



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OATH: I the undersigned applicant do swear (or affirm) that the foregoing figures and statements are true, full and correct to the best of my knowledge and belief, and that I understand the limits of this license..

Applicant's Signature:

Date:

The completion of this application and payment of tax for county business license shall not be deemed to be approval to prosecute any business without first obtaining Zoning and Use Permits, Required Building Inspections and Fire/Rescue Inspections for the location in which you intend to locate.